PTO/SB/01 (10-05)

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DECLARATION FOR UTILITY OR	Attorney Docket Number First Named Inventor	S-0928-US		
DESIGN PATENT APPLICATION (37 CFR 1.63)	Rajendra K. Joshi COMPLETE IF KNOWN			
(37 CFR 1.03)	Application Number			
X Declaration Declaration Submitted OR Submitted after Initial	Filing Date	Herewith		
With Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Art Unit			
required)	Examiner Name			
I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for				
which a patent is sought on the invention entitled:				
The Use of Fumaric Acid Derivatives for Treating Cardiac Insufficiency, and Asthma				

1.						
			(Title of the I	nvention)		
the sp	pecification of wh	ich				
	is attached he	ereto				
	OR			1		
1	was filed on (M	M/DD/YYYY)	September 3, 2004	as United States A	pplication Number or F	PCT International
Applic	cation Number	PCT/EP2004/9835	and was amended	on (MM/DD/YYYY)		(if applicable).
	•		inderstand the contents or referred to above.	of the above identified	specification, including	the claims, as

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application

before that of the application on which priority is claimed.

Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO
DE	September 9, 2003			X
DE	December 23, 2003			x
·				
	DE	Country (MM/DD/YYYY) DE September 9, 2003	DE September 9, 2003 Not Claimed	Country (MM/DD/YYYY) Not Claimed YES DE September 9, 2003

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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	DECLARATIO	N — Utility or I	Design Pate	ent Application	<u></u>	
соrrespondence to:	he address ssociated with ustomer Number		2071	OR	Correspon address be	
Name						
Address						
City			State	. .	ZIP	
Country		Telephone		Email		
Petitioner/applicant is caution contribute to identity theft. If numbers (other than a check of the USPTO to support a petition the USPTO, petitioners/application of the application (or issuance of a patent. Furnapplication is referenced in authorization forms PTO-2038 publicly available. I hereby declare that all state and belief are believed to be statements and the like so may false statements may jeopardication.	Personal informator credit card aution or an application and should constants should constant is a funless a non-publication published application published application for personal fundade are punishable.	tion such as soci norization form PT tion. If this type of ider redacting such advised that the re plication request in cord from an abai plication or an is playment purposes ther that these so the by fine or improve	ial security record of personal in the persona	numbers, bank accepted for payment information is included for payment in formation from the pattern and that all states and that all states made with the both, under 18 Using in the pattern in the payment in the pay	count numbers, or purposes) is never ded in documents e documents before available to the available to the available to the attendance and there are knowledge that	r credit card or required by submitted to re submitting public after application) public if the discredit card efore are not willful false
NAME OF SOLE OR FIRST I					unsigned inventor	
Given Name (first and middle	[if any])			Family Name or		
Rajendra Kumar				JOSHI, Dr.		
Inventor's Signature	TIV				Date Doc. 6	, 7006
Residence: City	State		Country	•	Citizenship CH	
Mailing Address Altstetterstrasse 278						
City Zürich	State		Zi ₁ 804		Country	1D

Additional inventors or a legal representative are being named on the

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ADDITIONAL INVENTOR(S)

DECLARATION		Supplemental St	neet	Page 3 of 3	
Name of Additional Joint Inventor, if any	7:	A petition h	as been filed for this un	signed inventor	
Given Name (first and middle (if any)) Family Name or Surname			Surname		
Hans-Peter			el, Dr.		
Inventor's Signature				Date Det. 6, 7606	
Residence: City	State	Cour	ntry	CH Citizenship	
Haldenstrasse 24a					
Mailing Address	-		1		
CityLuzern	State LU		_{Zip} 6006	СН	
City	State L0		ZipUUU	Country	
Name of Additional Joint Inventor, if any	/ :	A petition h	nas been filed for this ur	nsigned inventor	
Given Name (first and middle (if any))	Given Name (first and middle (if any))		Family Name or Surname		
Christian		Zaugg, Prof. Dr.			
Inventor's Signature			<u>.</u>	21-Dec-2005 Date	
Residence: City	State		Country	C# Citizenship	
Roberstenstrasse 10 Mailing Address					
Rheinfalden	State AG		4210	СН	
City	State AG		Zip 4310	Country	
Name of Additional Joint Inventor, if any	y:	A petition i	nas been filed for this u	nsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname			
Michael /		Tamm. P	rof. Dr.		
Inventor's Signature	UM			Date 120.15,05	
Residence: City	State		Country	CH Citizenship	
Freie Strasse 10 Mailing Address					
				СН	
Base1	State BS		Zip 40001	Country	

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PTO/SB/81 (04-05)

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red to respond to a collection of info	rmation unless it displays a valid OMB control number.		
Application Number	PCT/EP2004/9835		
Filing Date	September 3, 2004		
First Named Inventor	Joshi, R.K.		
Title	Use of Fumaric Acid Derivative	es.	•
Art Unit			
Examiner Name			
Attorney Docket Number	S_0928_IIS		

I hereby revoke all previo	ous powers of attorney given in the a	pove-identified application.	
I hereby appoint:			י
✓ Practitioners associated	with the Customer Number:	2071	
OR	<u> </u>		J
Practitioner(s) named be	elow:		
	Name	Registration Nun	nber
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as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified above erewith.	e, and to transact all business in the	ne United States Patent and
Please recognize or change the	e correspondence address for the above-ident	fied application to:	
	ed with the above-mentioned Customer Numb		
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The address associated	ted with Customer Number:		
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Firm or Individual Name	Fumapharm AG		
Address	Haldenstr. 24a		
City	Luzern	State LU	Zip 6006
Country Telephone	SWITZERLAND	T	
Lam the:		Email	
Applicant/Inventor.			
	the entire interest. See 37 CFR 3.71.		
	FR 3.73(b) is enclosed. (Form PTO/SB/96)		
•	SIGNATURE of Applicant or A	ssignee of Record	
Signature	(here) 7=	Date	Jan 10, 2006
Name Dr. H.	P. Strebel Dr.	R.K. Joshi Telepho	14 ECCREECEA
Title and Company CEO, I	Fumapharm Exec.	VP, Fumabharm	
NOTE: Signatures of all the inventor signature is required, see below*.	rs or assignees of record of the entire interest or their	representative(s) are required. Submi	t multiple forms if more than one
*Total of	forms are submitted.		

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PTO(SB/96 (18-05)

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STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Fumapharm AG	
Application No./Patent No.: PCT/EP2004/9835 Filed/Issue Date: September 3, 200	04
Entitled: The Use of Fumaric Acid Derivatives for Treating Cardiac Insufficiency, and Asthma	
	rtnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interest; or	
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)	
in the patent application/patent identified above by virtue of either:	
A An assignment from the inventor(s) of the patent application/patent identified above in the United States Patent and Trademark Office at Reel, Frame, thereof is attached. OR B. A chain of title from the inventor(s), of the patent application/patent identified above.	, or for which a copy
1. From: To: To: The document was recorded in the United States Patent and Trademark Of Reel, Frame, or for which a copy then	
2. From: To: To: The document was recorded in the United States Patent and Trademark Of Reel, Frame, or for which a copy th	ffice at
3. From: To: To: To: The document was recorded in the United States Patent and Trademark Of Reel, or for which a copy to	
Additional documents in the chain of title are listed on a supplemental sheet.	
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.1	_
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) moderate Division in accordance with 37 CFR Part 3, to record the assignment in the recordance of the assignment in the recordance with 37 CFR Part 3, to record the assignment in the recordance of the assignment in the recordance of the original assignment document(s) moderate of the original assignment in the recordance of the original assignment in the original	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assi	anee.
De Melle	January 10, 2006
Signature	Date
Dr. H.P. Strebel Dr. R.K. Joshi	+41 56 675 5650
Printed or Typed Name	Telephone Number
CEO Exec. VP	
Title	

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